

## APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date		Div. Of Mental Health And Mental Retardation		Application Number	
12/7/82		Mental Retardation Section		83-8	
Application Number		47 Trinity Ave. S.W. Room 307-H		Date Received	
82-32		Atlanta, Ga. 30334		DEC 9 1982	
2. Person to Contact		Working Title		Date Completed	
Harriet Van Norte		Unit Director		JAN 24 1983	
Pam Durden		Secretary		Telephone Number	
				656-6370	
3. Action Requested		Combine Retention Schedules			
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.		Update Inclusive Materials and Form #			
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.		Change Retention Instructions			
c. <input checked="" type="checkbox"/> Amend Application No. 76-275 and 76-276		Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series		5. Records Series Title (followed by title used in office; if different)			
Earliest					
Latest					
1973		Mental Retardation Community Residential Services Budget and Program Files			
Present					
6. Division and Office Function		What is the function of the Division and the Office in which this record series is created?			
7. Records Series Description		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.			
Documents relating to:		reviewing and monitoring funds spent and programmatic activity for MR Community Residential Services Programs statewide			
Included are:		Budget File- Form 1078(Receipts and Expenditures-Requests); Form 1182 (County Budget Items Other Than Personal Services); Form 1183 (County Budget Personal Services); Form 1186 (Budget Expense and Resource Summary (MH/MR)); Form 1187 (Budget Expense and Resource Appropriations Request); Form 1192 (Income and Expenditure Report (Public MR); Form 1194 (Budget Expense and Resource Summary); Form 5405 (Request For Budget Revision); Form 5410 (Budget Expense and Resource Summary); Form 5411 (County Budget Personal Services); Form 5412 (County Budget Items Other Than Personal Services); Form 5413 (County Budget Non-Participating Items); Un-numbered Forms- Residential Program Contract Sheet; Programmatic Budget Review; Community MH/MR Budget Allocation; Budget Recommendations; Contract Amendments; Contract Information Sheet; (See Continuation Sheet)			
The file is arranged:		Alphabetically by MR Community Residential Service area thereunder by subject or program name			
8. Monthly Reference Rate		How often are records referred to which are:			
One to six months old		10			
Seven to twelve months old		10			
Thirteen to twenty-four months old		5			
Twenty-five months and older					
9. Annual Rate of Accumulation or Records					
Letter-size drawers		5			
Legal-size drawers					
Shelves					
Other (Specify)					

YES NO 10. Questionnaire (Place an "X" in the proper column)

X	a. Is this the official copy of the series? If not, where is it?
	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <b>Area Community Residential Services- Maintain Reference Copy</b>
X	i. Is this series (or a major portion of it) regularly microfilmed?
X	j. Does the record series result in a computer printout?

11. Retention Requirements The following requires the series to be kept:

- |                          |              |                                   |                 |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.    |
| b. Statute of limitation | _____ years. | e. Administrative need            | <u>4</u> years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | <u>3</u> years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

**42 CFR 54 - 3 yrs.**

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

- ☐ Calendar Year; ☒ Fiscal Year; ☐ Other \_\_\_\_\_ then,
- ☒ Hold in the current files area \_\_\_\_\_ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 2 year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Garnet K. Van Natta</i>	<i>12/1/82</i>	<i>Paul T. Murphy</i>	<i>11/30/82</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>Wm H. Smith</i>	<i>1-19-83</i>
		<i>Edward Weaver</i>	<i>1/16/83</i>
		<i>B. Hays</i>	<i>1-14-83</i>

(Reverse Side)

#7 Included Are; (continued)

Contract For Services and Addendums; Request For Contract Approval; Contract Financial Annex; Rental Agreement; Equipment Listings; Equipment Expenditures; Inventory and Supplemental Equipment Expenditures; related documents and correspondence.

Program File- Form 3833 (Institutional Health Evaluation Report); Technical Assistance/Corrective Action Plan; Guidelines for the Evaluation of MR Developmental Training and Family Support Homes-Program Evaluation Rating Form; Guidelines for the Evaluation of Group Residences for MR-Program Evaluation Form; MR Community Residential Services Special Programmatic Expenditure Report; Statewide Summary of MR Community Residential Services-Number of Sites and Vacancies by Option; Statewide Summary of the Number of MR Clients served in Respite Care By Option; Statewide Summary of the Total Number of Clients in MR Community Residential Services; Statewide Summary of the Total Number of Clients Being Served From Each Facility and From the Community; Statewide Summary of the Number From Each Area By Facility Recommended and Not Recommended For Discharge; related documents and correspondence. Community Residential Placement Activity Report; and related documents and correspondence.